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Date of Deposit

John G. Ranch

Name of applicant, assignee or  
Registered Representative

*John Colman*

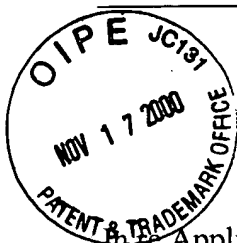
Signature \_\_\_\_\_

11/14/00

Date of Signature

RECEIVED  
JAN 30 2001  
Technology Center 2600

Our Case No. 9185/10



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the Application of:  
 Glickman et al.  
 Serial No. 09/581,949  
 Filing Date: 06/19/00  
 For: Energy Minimization for Classification,  
 Pattern Recognition, Sensor Fusion, Data  
 Compression, Network Reconstruction  
 and Signal Processing

Group Art Unit: 2721

## REQUEST FOR CORRECTION OF FILING RECEIPT

Assistant Commissioner of  
Patents  
Washington, D.C. 20231

Attention: Office of Initial Patent Examination's  
Customer Service Center

Sir:

Applicants request the issuance of a corrected filing receipt (copy enclosed) for the above-identified application, and in support of this request respectfully state:

U.S. Serial No. 09/581,949

Filed: 06/19/00

Page 2 of 2

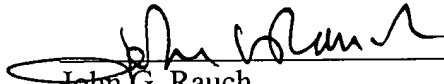
The Atty. Docket No. is incorrect and should be corrected as follows: please delete "9185/5" and insert - - 9185/10 - -.

The designation of Small Entity has been omitted and should be inserted, as evidenced by copies of the two "verified statements claiming small entity" as originally filed with the application.

The Commissioner is hereby authorized to charge any fees required to Deposit Account No. 23-1925. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: 11/14/00

  
\_\_\_\_\_  
John G. Rauch  
Registration No. 37,218  
Attorney for Applicants

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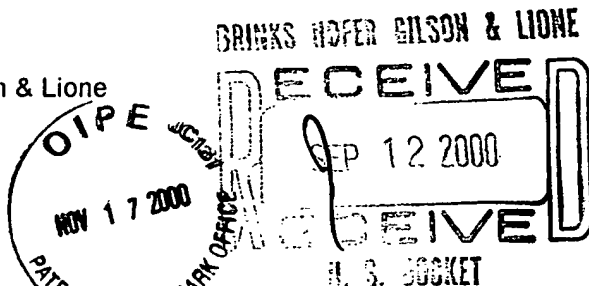


## UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/581,949	06/19/2000	2721	1244	9185/5	8	43	21

Brinks Hofer Gilson & Lione  
PO Box 10395  
Chicago, IL 60610



## FILING RECEIPT



\*OC000000005378955\*

Date Mailed: 09/06/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Jeff B. Glickman, Hood River, OR ;  
Abel Wolman, White Salmon, WA ;

## Continuing Data as Claimed by Applicant

THIS APPLICATION IS A 371 OF PCT/US98/27374 12/23/1998

## Foreign Applications

If Required, Foreign Filing License Granted 09/06/2000

## Title

Energy minimization for classification, pattern recognition, sensor fusion, data compression,  
network reconstruction and signal processing

## Preliminary Class

382

Data entry by : ORDENEZ, MARTA

Team : OIPE

Date: 09/06/2000



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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/581,949	<b>FILING DATE</b> 06/19/2000 <b>RULE</b> -	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2721	<b>ATTORNEY DOCKET NO.</b> 9185/10	
<b>APPLICANTS</b> Jeff B. Glickman, Hood River, OR ; Abel Wolman, White Salmon, WA ;					
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/US98/27374 12/23/1998					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> GRANTED ** 09/06/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> OR	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 43	<b>INDEPENDENT CLAIMS</b> 21
<b>ADDRESS</b> Brinks Hofer Gilson & Lione PO Box 10395 Chicago, IL 60610					
<b>TITLE</b> Energy minimization for classification, pattern recognition, sensor fusion, data compression, network reconstruction and signal processing					
<b>FILING FEE RECEIVED</b> 1244	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		